

'Veterans Remember' Biographical Data

PLEASE PRINT CLEARLY

Veteran ☐ Civilian ☐ _____
first middle last maiden

Address _____

City _____ State _____ ZIP _____

Telephone (_____) - _____ Email _____

Place of Birth _____ Birth Date _____
mm / dd / yyyy

Branch of Service or Wartime Activity _____

Unit assignment: CO, BN, Regt, Division, Group, Ship, etc. _____

Highest Rank _____ Prisoner-of-war? Yes ☐ No ☐

Enlisted ☐ Drafted ☐: Service dates _____ to _____

War(s) in which you served _____

Locations of military or civilian service _____

Marital status at time of service: Single ☐ Married ☐: Name _____

Were you wounded? Yes ☐ No ☐ When? _____ Injuries? _____

Medals or special service awards. If so, please list (be as specific as possible):

Do you have photographs from wartime experience? Yes ☐ No ☐

Are manuscripts (letters / diaries/ military documents) available? Yes ☐ No ☐

Please use reverse for additional biographical information.

Revised March 2019

Additional Information: